

Student Refund Request:

To be completed by the Lone Star College student requesting a refund.
Please review LSC Board Policy and Procedures for Tuition and Fees
(Section VI.B)



Student Name: _____

Student ID: _____

Semester and Year: _____

I am requesting a (choose one of the following):

- FINANCIAL AID REFUND GENERAL REFUND

If you selected **Financial Aid Refund**, you must provide this form to the Financial Aid Office located on your home campus.

If you selected **General Refund**, you must provide this form to the Business Services Office located on your home campus.

Please provide the reason(s) you are requesting, or believe you are owed, a refund:

(Attach additional pages if needed)

Student Signature

Date

LSC Personnel Only:

Signature of LSC Personnel Receiving Request

Date

ACP Participant Affidavit

To be completed by the Lone Star College student enrolled in the Attorney General's Address Confidentiality Program.



Student Name: _____

Student ID: _____

1. I certify that I am an adult enrolled—or an eligible household member of an adult enrolled—in the Texas Attorney General's Address Confidentiality Program ("ACP").
2. I have read Board Policy Section VI.B.1.02, and I certify that in accordance with this section, I qualify for tuition as an:

<input type="checkbox"/> IN-DISTRICT TEXAS RESIDENT	<input type="checkbox"/> OUT-OF-DISTRICT TEXAS RESIDENT	<input type="checkbox"/> OUT-OF-STATE RESIDENT
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3. I am providing a copy of my ACP authorization card to the Chief Student Services Officer, or designee, at my home college.
4. I agree to provide a copy of my renewal to the Chief Student Services Officer, or designee, if my authorization card expires while I am a student of the College.
5. I agree to alert the admissions office of my college, and comply with traditional address verification requirements, if I withdraw from the ACP or do not renew my authorization card upon expiration.
6. I understand that I may be required to pay the difference between in-district and out-of-district tuition, in-state and out-of-state tuition, or both, if I falsify any information on this form. I further understand that I may also face disciplinary action from the College if I knowingly provide false information.

Student Signature

Date

LSC Personnel Only:

APPROVED

DENIED (reason) _____

Signature of LSC Personnel Receiving Request

Date